

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763434

FILED
Apr 12, 2009
Secretary of State

Entity Name: WHISPERING OAKS ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

35142 WHISPERING OAKS BLVD
RIDGE MANOR, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

35142 WHISPERING OAKS BLVD
RIDGE MANOR, FL 33523 US

New Mailing Address:

FEI Number: 59-2392285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM
34532 WHISPERING OAKS BLVD
RIDGE MANOR, FL 33523 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, WILLIAM
Address: 34352 WHISPERING OAKS BLVD
City-St-Zip: RIDGE MANOR, FL 33523

Title: VP () Delete
Name: EHRMAN, ROBERT C
Address: 5448 CHESTNUT RIDGE ROAD
City-St-Zip: RIDGE MANOR, FL 33523

Title: D () Delete
Name: ROLFINGSMEYER, JOHN
Address: 35095 WHISPERING OAKS BLVD
City-St-Zip: RIDGE MANOR, FL 33523

Title: D () Delete
Name: PARLOW, WAYNE
Address: 35057 WHISPERING OAKS BLVD
City-St-Zip: RIDGE MANOR, FL 33523

Title: D () Delete
Name: BARBERA, WILLIAM J
Address: 34511 CEDARFIELD DR
City-St-Zip: RIDGE MANOR, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ROLFINGSMEYER, JOHN
Address: 35095 WHISPERING OAKS BLVD
City-St-Zip: RIDGE MANOR, FL 33523

Title: D (X) Change () Addition
Name: JEAN, MEADE
Address: 5452 CHESTNUT RIDGE RD
City-St-Zip: RIDGE MANOR, FL 33523

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRACK, KEN
Address: 34430 CEDARFIELD DR
City-St-Zip: RIDGE MANOR, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SMITH

P

04/12/2009

Electronic Signature of Signing Officer or Director

Date